

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018540

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7	1					
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	27	↓	↓	↓	↓	↓
TOTAL CLAIMS	28	27	27	27	27	27

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831